

**GUNDERSEN
ST. JOSEPH'S
HOSPITAL AND CLINICS**

400 WATER AVENUE
PO BOX 527
Hillsboro WI 54634
Note

BYRD, LEWIS EDWARD III
MRN: 000021258256
DOB: 6/22/1977, Sex: M
Adm: 8/13/2016, D/C: 8/14/2016

ED/UC Note by Rachel D Kerian, RN at 08/13/16 2101

Author: Rachel D Kerian, RN Service: EMERGENCY (Affiliates Only) Author Type: Registered Nurse
Filed: 08/13/16 2115 Date of Service: 08/13/16 2101 Status: Addendum
Editor: Rachel D Kerian, RN (Registered Nurse)
Related Notes: Original Note by Rachel D Kerian, RN (Registered Nurse) filed at 08/13/16 2103

Patient arrived in emergency room by Hillsboro Ambulance with Hillsboro Police Department escort. Lewis was involved in a high speed chase in the area. Patient complains of numbness and tingling in his upper extremities. Patient is alert and orientated, answering hospital personnel questions. Patient airway is patent. Patient arrived on long board and collar and secured by Hillsboro EMS

Electronically signed by Rachel D Kerian, RN at 08/13/16 2103
Electronically signed by Rachel D Kerian, RN at 08/13/16 2115

END OF REPORT

ED Provider Note by Noel A Radcliffe, MD at 08/13/16 2120

Author: Noel A Radcliffe, MD Service: EMERGENCY (Affiliates Only) Author Type: Physician
Filed: 08/14/16 0203 Date of Service: 08/13/16 2120 Status: Addendum
Editor: Noel A Radcliffe, MD (Physician)
Related Notes: Original Note by Noel A Radcliffe, MD (Physician) filed at 08/14/16 0122

Lewis Edward Byrd III 000021258256

ST JOSEPH EMERGENCY

Date of Service: 8/13/16

Chief Complaint

Patient presents with
• Motor Vehicle Crash

HPI Comments: Patient was transported to ED due to complaints of B elbow pain, numbness or hand and arms. According to police he was ambulatory at the scene. He had abrasion to left arm that was treated by EMTs and he was released into police custody. He began complaining of these new symptoms so EMTs were called back. Patient was involved in MVA prior to being apprehended. He was driver of a vehicle that backed into a squad car with enough force to deploy airbags and break windshield. Patient is not answering questions. He is not cooperative. He can coherently ask for what he wants, but will not give his birthday or address. He will not cooperate with exam. He resists straightening his arm. He also has complaints of back pain, neck pain wrist and elbow pain.

Patient is a 39 y.o. male presenting with motor vehicle accident. The history is provided by the patient, the EMS personnel and the police.

Motor Vehicle Crash

The accident occurred 1 to 2 hours ago. He came to the ER via EMS. At the time of the accident, he was located in the driver's seat.

Current Outpatient and Patient Reported Medications

Reviewed by Rachel D Kerian, RN on 08/13/16 at 2137

Medication

Sig

EXHIBIT

6

Med List Status: <None>

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ED Provider Note by Noel A Radcliffe, MD at 08/13/16 2120 (continued)

Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft.
Musculoskeletal: He exhibits no deformity.
Moves lower extremities without pain. Rotation at hips is normal and pain free.
No tenderness to pelvis.
No trauma noted to legs.

When trying to examine elbows patient is holding arms tight to body and will not allow examination.
He has some tenderness over proximal radius on the R.
He will supinate slightly but will not flex or extend either arm.
Patient was initially examined on back board, in c collar.
After C spines cleared he was log rolled. He complained of neck and back pain with this, but would not be specific.
Later he was sitting in the chair.

Neurological: He is alert. He has normal reflexes. No cranial nerve deficit.
Refuses to answer question. He mumbles coherently. Keeps asking to go home, or to call "Dana".
Will not reveal who Dana is or give phone number.
He suddenly "woke up" in xray and will answer questions, but not the questions asked.

Skin: Skin is warm and dry.
Abrasion to left elbow cleaned and dressed with antibiotic ointment and gauze dressing.
2cm x 3cm
No other abrasions or lacerations noted, especially about the face as patient is reporting.
No bruising noted either.
Nursing note and vitals reviewed.

Procedure

Encounter Diagnosis

The primary encounter diagnosis was MVA (motor vehicle accident). Diagnoses of Closed fracture of head of right radius, initial encounter and Malingering were also pertinent to this visit.

Emergency Department Course

Patient was seen on arrival. He was poor historian and would not answer questions. He would feign sleepiness, then demand to go home. He refused to answer questions or acknowledge what had happened. He has MN drivers lic, but claims to be from Elroy. Would not give address or phone number. Exam was difficult due to his lack of cooperation and attention. He would not answer the question asked, but would not stop talking either.
He would pretend to fall asleep, but it was clear later he was listening.
Due to inability to assess condition, and knowing he was involved in car accident he was sent directly to CT scan for head and neck CT.
On return he was offered Tylenol or Toradol, he declined stating Tylenol was not helpful, and he did not want a shot.
Once CT head and neck were cleared he was log rolled to examine back.
No abrasions or deformity noted but he complained of low back and neck pain with movement.
He still had not opened eyes or responded to questions.
When he returned from xray he was sitting up in wheel chair and would make eye contact.

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ED Provider Note by Noel A Radcliffe, MD at 08/13/16 2120 (continued)

He was consistently tender everywhere.
 Xrays were then taken of elbows and lumbar spine.
 R radial head fracture was found.
 Consulted Orthopedics at Gundersen and they will see him next week.
 He was advised of the fracture but kept talking about bruises on his face, and the lacerations to his head.
 There were no laceration or bruises seen.
 A splint was applied, posteriorly. He was not cooperative with this process and would not let us position his hand. He actually refused the splint, but was told by police he must have it.
 He refused the sling and would not let us put it on.
 AT this point he started to be disrespectful, with swearing and angry words. He was very manipulative.
 He would not leave urine sample for drug screen.

Police then escorted him out the door and into the squad car.
 He left without discharge instruction in the company of 3 officers.

All during his stay in the ED staff and police were respectful and careful of patient. At no time was he treated disrespectfully.
 Patient was very difficult. He seemed to be faking injury, sleepiness and would wake up when it suited him.
 No stronger pain medication was given as it was difficult to assess his LOC due to lack of cooperation. His condition fluctuated significantly with who he was talking to.

Admission on 08/13/2016

Component	Date	Value	Ref Range	Status
• ETHANOL	08/13/2016	<10	<=10 mg/dL	Final
<i>Less than 10 mg/dL. The lowest ethanol value that can be distinguished from zero</i>				
• GLUCOSE	08/13/2016	121*	70 - 99 mg/dL	Final
• BUN	08/13/2016	11	8 - 26 mg/dL	Final
• CREATININE	08/13/2016	1.17	0.70 - 1.30 mg/dL	Final
• ESTIMATED GFR	08/13/2016	78	mL/min/1.73 m2	Final
<i>The race for this patient was unknown at time of testing; therefore, the estimated GFR for this patient was calculated with the CKD-EPI equation for a NON- Black male. If the patient is Black, the above GFR must be multiplied by 1.1603 in order to complete the calculation. No other ethnic adjustments are available.</i>				
• TOTAL PROTEIN	08/13/2016	7.1	6.4 - 8.3 g/dL	Final
• ALBUMIN	08/13/2016	4.5	3.4 - 4.8 g/dL	Final
• BILIRUBIN, TOTAL	08/13/2016	0.8	0.0 - 1.3 mg/dL	Final
• AST	08/13/2016	18	0 - 36 U/L	Final
• ALT	08/13/2016	11	0 - 40 U/L	Final
• ALKP	08/13/2016	80	<=140 U/L	Final
• SODIUM	08/13/2016	139	135 - 146 mmol/L	Final
• POTASSIUM	08/13/2016	4.0	3.4 - 5.0 mmol/L	Final
• CHLORIDE	08/13/2016	107	96 - 108 mmol/L	Final
• CALCIUM	08/13/2016	9.5	8.5 - 10.4	Final